					Application or Docket Number				
PATENT APP)	09	te	12	94/				
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMAL	LENTITY	OR	OTHER		
FOR NUMBER FILED NUMBER EXTRA		XTRA	RATE	FEE	7 [RATE	FEE		
BASIC FEE					345.00	OR		690.00	
TOTAL CLAIMS 27 minus 20= · 7		7	X\$ 9=		OR	X\$18=	124		
INDEPENDENT CLAIMS	5 minus 3 :	= 2	/	X39=		OR	X78=	152	
MULTIPLE DEPENDENT CLAIM PRESENT				+130=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL	- 1	OR	TOTAL	976	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)				SHALL	L ENTITY	OR	OTHER SMALL		
V RE	LAIMS MAINING	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • Independent •	27 Minus . •	. 27	=	X\$ 9=		OR	X\$18=		
Independent •	Minus ION OF MULTIPLE DEPE	** S	-	X39=		OR	X78=		
FINST PRESENTATI	IGN OF MOLTIFLE DEFE	NDENT CLAIM		+130=		OR	+260=		
	. •			TOYA ADDIT, FE	- 11	OR	TOTAL ADDIT. FEE		
		(Column 2)	(Column 3)		`				
RE RE	ELAIMS MAINING AFTER ENDMENT	HIGHEST. NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • O		· 9'/	= (1)	X\$ 9=		OR	X\$18=		
Independent •		MOENT CLAIM	= 4	X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=		
				TOTA ADDIT, FE		OR	TOTAL ADDIT, FEE		
		(Column 2)	(Column 3)						
P REI	LAIMS MAINING AFTER NOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AME Total Independent	Minus •	.27	=	X\$ 9=		OR	X\$18=		
Independent •		NDENT CLAIM	-4	X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."						OR	TOTAL ADDIT. FEE		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

FORM PTO-875 (Rev. 12/99)